



STATE OF MONTANA  
DEPARTMENT OF ADMINISTRATION

Mitchell Building, Room 125  
PO Box 200130  
Helena Montana 59620-0130



1-800-287-8266/444-7462  
FAX: (406) 444-0703

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## Welcome, New Legislator!

As a member of the Legislature, you are eligible for the State of Montana Employee Group Insurance Benefits. The State provides a comprehensive package of insurance benefits from which to choose.

**Some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** Your medical and dental coverage is effective on your **date of hire** (first day of employment) **or the first day of the pay period following receipt of form.** You can expect to receive medical and dental identification cards within **six weeks of returning your forms.**

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$557 per month of employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits.”** Enrollment instructions are on page two.

The **“Core Benefits”** consist of :

- ♦ One of the medical plans outlined in this book
- ♦ Dental plan
- ♦ Basic Life Insurance (\$14,000)

There are also **add on benefits** that you may choose in addition to the above core benefits. Each benefit is described in detail within the booklet. They include:

Medical and/or Dental Coverage for dependents

Additional Life Insurance for you and/or your dependents

Long Term Care Insurance

Optional Vision Coverage for you and your dependents

## CHOOSE ONE OF THE OPTIONS LISTED BELOW:



### 1. ENROLL FOR COVERAGE:

Complete the forms listed below. (The forms are included within this booklet.)

- A. For Medical Insurance, Dental Insurance, Pre-tax Plan, and Vision Insurance complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form**.
  - If you are enrolling dependents (spouse and/or children) on the medical, dental, or vision plans, you must also complete the **Declaration of Tax Status Form**.
- B. For Life Insurance complete the **Standard Life Insurance Enrollment/Change Form**.
- C. To enroll in Long Term Care Insurance you must request a **Long Term Care Insurance Enrollment Kit** from the Health Care and Benefits Division 800-287-8266 or 444-7462 in

Helena.

Note: During the Legislative session, any out-of-pocket premiums will be deducted from your paycheck, however, after the session, these premiums can be paid directly to the Health Care and Benefits Division on the first day of each month or they can be directly deducted from your bank account. If you choose the direct deduction option, please complete the **Electronic Premium Deduction Authorization Form** found within this packet.

-OR-

### 2. WAIVE PARTICIPATION IN THE GROUP COVERAGE:

Complete the **Employee Group Benefits Plan Enrollment/Change Form** and check the waiver of coverage box located in the upper right hand corner.

-OR-

### 3. WAIVE COVERAGE AND APPLY THE STATE CONTRIBUTION TO OTHER HEALTH COVERAGE:

Under this option, the State contribution of \$557.00 could be applied to other health insurance coverage where you experience out-of-pocket premium cost. To choose this option, you must complete the **Option 2 Health Insurance Election Form** and **Premium Statement Form** (included in your packet), and provide documentation from your insurance provider of your out-of-pocket premium costs. These payments are sent to you directly at the beginning of each month.

# GLOSSARY

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## Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

## Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

## Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

## Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

## Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

## Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

## Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

## Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

## In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

## Joint Core

An option that is available when both spouses are eligible state employees and have eligible dependents on their coverage. Spouses and children have only one family deductible and one family out-of-pocket maximum with a slightly lower premium than enrolling separately.

## Managed care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

## Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

## Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

## Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

## Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

## Primary Care Provider

A provider that coordinates a member's medical care and may provide referrals for specialty care.

## Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

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# WORKING FAMILIES TAX RELIEF ACT (WFTRA)

## WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees and legislators who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done through the completion of a *Declaration of Tax Status Form*.

## WHO IS AFFECTED

All employees and legislators who cover dependents on medical, dental, or vision coverage.

## REQUIRED FORM

New legislators who elect to cover dependents must complete the *Declaration of Dependent Tax Status Form* (included with this packet). **This form must be completed and returned to the Health Care and Benefits Division along with your other election forms within 31 days of hire** for the appropriate tax application of benefits.

## COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner) outlining the IRS rules applicable to each of your dependents are also provided for you with this packet.

State of Montana  
Health Care and Benefits Division  
PO Box 20027  
Helena MT 59620  
1-800-287-6886  
404-580-1616

### DECLARATION OF TAX STATUS

The State of Montana is required by the Internal Revenue Service to apply the proper tax treatment before or after tax to benefits for every family member currently enrolled in medical, dental, or vision benefits. Therefore, it is important that you provide the tax status of each person enrolled. The qualification of those individuals as your spouse and/or dependent for tax purposes does not affect their eligibility for medical, dental or vision plans, but does impact the tax treatment of that coverage. The attached flowcharts are provided to assist you in determining and verifying the tax status of your family members.

Listed below is every person currently enrolled in medical, dental or vision benefits as of 01/01/2014. Check one of the two boxes below each name and return this form to the address above by 04/01/2014. **If you do not check a box or respond by the deadline, premium contributions for those persons will be taken on an after-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for those persons will be added to your taxable income.** The attached flowcharts provide the most complete overview of the tax rules possible; however, given the complexity of those rules, we recommend that you consult your tax advisor regarding your specific circumstances.

#### Spouse

- ☐ Yes, this person is my Spouse for tax purposes.  
☐ No, this person is not my Spouse for tax purposes.

#### Child

- ☐ Yes, this person is my Child for tax purposes.  
☐ No, this person is not my Child for tax purposes.

#### Domestic Partner

- ☐ Yes, this person is my Domestic Partner for tax purposes.  
☐ No, this person is not my Domestic Partner for tax purposes.

## TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your premiums are eligible for a pre-tax deduction.

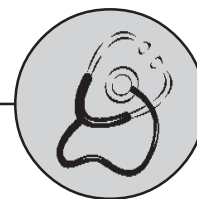
If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income.

If the form is not returned, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (i.e., those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinonetmt.com

## MEDICAL RATES

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$526	\$508	\$438	\$418
Employee & spouse	\$698	\$668	\$586	\$564
Employee & children	\$652	\$626	\$550	\$528
Employee & family	\$726	\$696	\$610	\$586
Joint Core	\$580	\$548	\$476	\$454

## MEDICAL PLAN COSTS

Annual Deductible\*  
*(Applies to all services, unless otherwise noted or a co-payment is indicated)*

Coinsurance Percentages

General

Preferred Facility Services *(See page 30 for a list of preferred facilities)*

Nonpreferred Facility Services *(See page 30 for a list of non-preferred facilities)*

Annual Out-of-Pocket Maximums\*  
*(Maximum coinsurance paid in the year; excludes deductibles and copayments)*

**\*You pay deductible and coinsurance on allowable charges only (see Glossary on page 3).**

## MEDICAL PLAN SERVICES

Hospital Services  
*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

Room Charges

Ancillary Services

Surgical Services

Outpatient Services

# BENEFIT YEAR 2007

## MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable. This maximum is per person, per lifetime. The amounts shown below are the amounts that the plan would pay on an individual.

Traditional Plan: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

TRADITIONAL PLAN	MANAGED CARE BENEFIT PLANS BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
Administered by BCBS	In-Network Benefits	Out-of-Network Benefits
\$550/Member \$1,650/Family	\$400/Member \$800/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%	25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)	\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
Coinsurance:	Coinsurance/Copayment:	Coinsurance:
20% - 35%	25%	35%
20% - 25%	25%	35%
20% - 25%	25%	35%
20% - 35%	25%	35%
20% - 35%	25%	35%

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

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### Physician Services

Office Visits

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Inpatient Physician Services

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Lab/Ancillary/Miscellaneous Charges

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### Emergency Services

Ambulance Services for Medical Emergency

---

Emergency Room

Hospital Charges

---

Professional Charges

---

### Urgent Care Services

Facility/Professional Charges

---

Lab & Diagnostic Charges

---

### Maternity Services

Hospital Charges

---

Physician Charges

---

Prenatal Office Visits

---

### Routine Newborn Care

Inpatient Hospital Charges

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### Preventive Services

#### Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic  
and colonoscopic exams, PSA tests, bone density tests

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Adult Immunizations (Pneumonia and Flu)

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Allergy Shots

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Child Checkups and Immunizations

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### Mental Health Services

#### Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

**Max:** One inpatient day may be exchanged for two partial hospital days.

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#### Outpatient Services

With EAP counselor referral

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With NO EAP counselor referral



# BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (only includes basic preventive labs)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	\$75/visit for facility charges only
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for <b>routine office visits</b>	35%
20% - 35% (no deductible)	25%	35%
25% (no deductible) <b>Max:</b> 2 bone density tests/lifetime <b>Max:</b> \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and other limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35% (plan pays \$75.00 for mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 5)	\$15/visit <b>Max:</b> Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35% 21 days (No max for severe conditions)
25% <b>Max:</b> 40 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)
50% <b>Max:</b> 20 visits (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits (No max for severe conditions)

# ANNUAL BENEFIT PLAN SUMMARY

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## MEDICAL PLAN COSTS

### Chemical Dependency

#### Inpatient Services\*

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

#### Outpatient Services\*

With EAP counselor referral

With NO EAP counselor referral

\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

### Rehabilitative Services

Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy

#### Inpatient Services

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

Outpatient Services – Hospital

### Alternative Health Care Services

Acupuncture

Naturopathic

Chiropractic

### Extended Care Services

#### Home Health Care

*(Physician ordered/prior authorization recommended)*

Hospice

Skilled Nursing

### Miscellaneous Services

#### Dietary/Nutritional Counseling

*(When medically necessary and physician ordered)*

#### Durable Medical Equipment, Appliances, and Orthotics

*(Prior authorization required for amounts >\$500)*

PKU Supplies

### Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

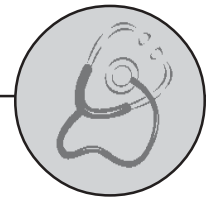
#### Transplant Services

**Lifetime Maximums:**

# BENEFIT YEAR 2007

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35%	25%	35%
25% <b>Max:</b> 40 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
50% <b>Max:</b> 20 visits and Dollar Limit*	\$15/visit <b>Max:</b> Dollar Limit*	35% <b>Max:</b> Dollar Limit*
20% - 35% <b>Max:</b> 60 days	25% <b>Max:</b> 60 days	35% <b>Max:</b> 60 days
20% - 35% <b>Max:</b> \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) <b>Max:</b> 25 visits in any combination for alternative health care	\$15/visit <b>Max:</b> 20 visits	35% <b>Max:</b> 20 visits
25% <b>Max:</b> 70 days	\$15/visit <b>Max:</b> 30 visits	35% <b>Max:</b> 30 visits
25% (20% - 35% if hospital-based) <b>Max:</b> 6 months	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% (20% - 35% if hospital-based) <b>Max:</b> 70 days	25% <b>Max:</b> 30 days	35% <b>Max:</b> 30 days
20% - 35% <b>Max:</b> \$250	\$15/visit	35%
25% <b>Max:</b> \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) <b>Max:</b> \$100 for foot orthotics (per foot)	35% <b>Max:</b> \$100 for foot orthotics (per foot)
25%	Plan pays for 100% for services	35%
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

# MEDICAL INSURANCE PLANS - 2007



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)

Peak Health • 1-866-368-7325 • [www.healthinphonetmt.com](http://www.healthinphonetmt.com)

## WHO IS ELIGIBLE?

Employees, Legislators, retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan. Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an

employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance

Personnel when one of the

above circumstances occurs (within the specified time-frames) to enroll

dependents.

### INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plan's

### CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

[www.newwesthealth.com](http://www.newwesthealth.com)

[www.healthinphonetmt.com](http://www.healthinphonetmt.com)



costs, deductibles and services in the Benefits Summary, starting on page 6.

3. Review your typical health care needs compared with the benefit structure of the plans.

4. If you are considering a managed care plan, review the Managed Care Areas section on pages 27-29, along with the provider directories beginning on page 32.

5. Determine which plan will work best for your family.

6. Make your selection by completing the New Enrollment and Dependent sections of the Employee Group Benefits Enrollment/Change Form.

Employee Group Benefits Enrollment/Change Form  
Parts I & 4



## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

### TRADITIONAL PLAN

The Traditional indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

#### How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

#### Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 30 for a list of these facilities. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

#### Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the

member will not be responsible for balances above the allowable amount.

### MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

#### How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

#### In-Network Benefits

Anytime a network provider is used, the in-network (highest level of benefit) is applied. You can check to see if your current Primary Care Physician (PCP) is a member of the plan's network providers

beginning on page 32, however you do not need to indicate your PCP to enroll in a managed care plan. For a complete listing of all in-network providers including specialists, check the plan administrator's website or call their Customer Service number. A referral/authorization is not required for the plan member to see an in-network specialist. Referrals/authorizations are required to see an out-of-network specialist and still receive the plan's in-network benefits.

#### Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher

deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

#### Out-of-State Services

Plan members may receive standard benefits for medical services in other states for a medical emergency if they obtain a required referral, or if their plan accesses an out-of-state network. Please contact your plan administrator for specific provider network information.

**IMPORTANT!**  
BCBS providers for the Traditional plan are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

#### SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan

includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 27-29 for a complete listing of covered zip codes for each plan.

#### Blue Choice

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, and Havre.

#### New West Health Plan

This plan is available in most of Western Montana and many other towns including Billings, Great Falls, Havre, Libby and Miles City.

#### Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and the surrounding communities.

## MEDICAL INSURANCE COST COMPARISONS

The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES & LEGISLATORS			TRADITIONAL	MANAGED CARE PLANS	
Sample Services	Allowable Charge			In-Network	Out-of-Network
<b>Office visits 1, 2, &amp; 3 (\$50 each)</b>	<b>\$150</b>	You pay ➡	<b>\$75</b>	<b>\$45</b>	<b>\$150</b>
Copay costs				\$45 (\$15/each)	
Costs applied to deductible			\$50*		\$150
Coinsurance costs			\$25		
<b>Lab charges with office visit 1</b>	<b>\$75</b>	You pay ➡	<b>\$75</b>	<b>\$75</b>	<b>\$75</b>
Copay costs					
Costs applied to deductible			\$75	\$75	\$75
Coinsurance costs					
<b>Specialist visit (i.e. dermatologist)</b>	<b>\$200</b>	You pay ➡	<b>\$200</b>	<b>\$15</b>	<b>\$200</b>
Copay costs				\$15	
Costs applied to deductible			\$200		\$200
Coinsurance costs					
<b>Preferred hospital inpatient</b>	<b>\$8,500</b>	You pay ➡	<b>\$1,880</b>	<b>\$2,369</b>	<b>\$3,024</b>
Copay costs					
Costs applied to deductible			\$225	\$325	\$75
Coinsurance costs			\$1,655	\$2,044	\$2,949
<b>Nonpreferred hospital inpatient</b>	<b>\$8,500</b>	You pay ➡	<b>\$3121</b>	<b>N/A</b>	<b>N/A</b>
Copay costs					
Costs applied to deductible			\$225		
Coinsurance costs			\$2,896		

\*First two office visits are exempt from the deductible.

# PRESCRIPTION DRUG PLAN - 2007



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible  
\$100/Member  
\$300/Family

Mail Order Pharmacy Deductible  
\$0/Member  
\$0/Family

Out-of-Pocket Maximums  
Each Prescription  
Each Member  
Each Family

\$250  
\$1,400/year  
\$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all state employees and legislators. Any member enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### INSTRUCTIONS

No separate enrollment is required.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 24-26 of this booklet or on the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can also be found at the PharmaCare website.

### Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail order forms are available at Health Care and Benefits Division or at the PharmaCare website at [www.pharmacare.com](http://www.pharmacare.com).

### PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare to inquire if this may apply to your prescription.

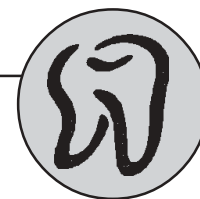
For information on drug prior authorizations, vacation overrides, or any other questions, call PharmaCare at 1-888-347-5329.

#### Note:

The deductible does not apply to prescriptions received from one of the mail order pharmacies!



# DENTAL PLAN - 2007



Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

Deductible  
\$50/Member  
\$150/Family

Monthly Premiums	
Member	\$27.80
Member and spouse	\$33.80
Member and children	\$40.80
Member and family	\$45.80
Joint Core	\$33.80

Enrollment/Change  
Form  
Parts I & 4: Dental



Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> <li>• One full-mouth X-ray or series in any 36-month period.</li> <li>• One set of supplementary bitewing X-rays in any 180-day period.</li> <li>• Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)</li> <li>• No deductible or yearly dollar maximum apply.</li> </ul>
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type C) deductible</li> <li>• Subject to \$1,200 combined (with type C) yearly maximum</li> </ul>
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type B) deductible</li> <li>• Subject to \$1,200 combined (with type B) yearly maximum</li> <li>• Replacement crowns and dentures are limited to once every five years.</li> <li>• Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.</li> </ul>

\*\*Of allowable charges.

## WHO IS ELIGIBLE?

Employees and legislators are required to elect dental insurance unless they waive benefits. You may also choose which dependents may receive coverage within 31 days of your date of hire or within 63 days of a qualifying event such as a marriage, birth, or adoption.

## INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts 1 & 4 of the Enrollment/Change Form.

## SERVICE TYPES

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only. The deductible does not apply to Type A preventive services.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

## TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year.*
3. Unscheduled minor emergency treatment to relieve pain.

## TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

## TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridges retainers, crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. This maximum is separate from the yearly maximum.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

# VISION PLAN - 2007

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.  
 1-866-723-0513  
[www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) (prior to enrolling)  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrolling)



	Monthly Premiums	Enrollment/Change Form
Member only	\$ 7.64	Parts 1 & 4: Vision
Member and spouse	\$14.42	
Member and children	\$15.18	
Member and family	\$22.26	



Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount > \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15	N/A
Tint (solid and gradient)		\$15	N/A
Scratch Resistance (standard)		\$15	N/A
Polycarbonate		\$40	N/A
Anti-Reflective Coating (standard)		\$45	N/A
Progressive Lens		\$65	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

\*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Legislators, spouses, and children are eligible if you elect to have this coverage.

### INSTRUCTIONS

Review the premiums found above and complete sections 1 & 4 of the Enrollment/Change Form.

#### Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

#### Locating your Doctor

Check the online provider locator at [www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) for a listing of providers near your zip code.

Once enrolled, visit [www.emvc.com](http://www.emvc.com) to view coverage and eligibility information.

#### Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement

contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

#### Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or by calling the Customer Care Center.

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

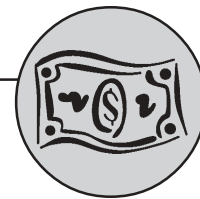
3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit along with receipts to EyeMed Vision Care's claims department for direct reimbursement.



# PRE-TAX PLAN - 2007

Administered by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 in Helena • [www.benefits.mt.gov](http://www.benefits.mt.gov)



Benefit of Participation  
Pre-tax Eligible

Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, and up to \$50,000 in employee term life.

***\*IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.***

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

All employees and legislators enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Legislators can only participate in the Pre-tax plan during the Legislative session.

### INSTRUCTIONS

1. Read about the Pre-tax Plan on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you wish to participate no action is required. However, if you do not want to participate please mark the "Decline to Participate" box in Part 1 of the Employee Group Benefits Plan Enrollment Change Form.

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan.

### ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), and employee term life, may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

### INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

Consult your tax advisor to determine the specific effect the Pre-tax Plan will have on your taxes.

### LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

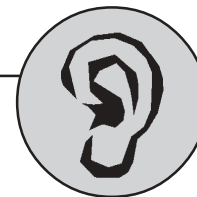
Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce, turning age 25, or marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility due to employment will become ineligible on the last day of the pay period in which the event occurs.

### WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the HCBD of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

# EMPLOYEE ASSISTANCE PROGRAM - 2007

Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512 • [www.ReliantBH.com](http://www.ReliantBH.com)



Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal Consultations	• Free	• 1/2 hour consultation
Financial Consultations	• Free	• unlimited
Long-term Services		
Counseling	• 25% with RBH referral	• 40 outpatient visits
Psychiatric Services	• 25% with RBH referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with RBH referral	• 40 outpatient visits

\*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees/legislators enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### INSTRUCTIONS

No separate enrollment is required.

### THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

### CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to 4 counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan administrator to determine referral

#### HELP IS HERE!

To schedule an appointment for:

- confidential counseling
- legal or financial services
- maternity services
- 24-hour crisis assistance.

CALL

1-866-750-0512

assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

### PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To login to Personal Advantage

1. Go to [www.ReliantBH.com](http://www.ReliantBH.com)
2. Click on the Register button
3. Follow the Registration instructions.

### 24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

### MATERNITY SERVICES

Health plan members have access to free maternity services including risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

You can complete a brief assessment with a nurse to determine your pregnancy needs, and you'll receive a useful gift for your participation.

If you're pregnant, you can access maternity services by simply calling the EAP number 1-866-750-0512.

requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH at no direct cost to the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

### LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for

# LIFE INSURANCE PLAN - 2007

Administered by Standard Insurance Company  
For information, call the Health Care and Benefits Division  
1-800-287-8266 or 444-7462

Complete the  
Life Insurance  
Enrollment Change  
Form



## Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.76
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates  
*Based on employee's age  
the last day of month*

<30 ... \$0.03
<35 ... \$0.05
<40 ... \$0.08
<45 ... \$0.10
<50 ... \$0.15
<55 ... \$0.23
<60 ... \$0.43
<65 ... \$0.66
65+ ... \$0.98

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all Legislators unless they waive the benefit package. Optional life insurance and Accidental Death & Dismemberment (AD&D) is also available.

### INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

### LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

### CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement.

At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be

continued until age 65 or Medicare eligible.

It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

#### Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees.

#### Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

#### Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases. Requests of your annual salary made within your initial enrollment period (31 days of hire) are automatically issued.

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

#### Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

#### Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

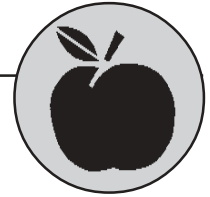
**Employee Only:** Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

**Employee and Dependents:** The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

If you select plans C or D, you will receive a Medical History Statement (application) from the Health Care and Benefits Division. You must complete and return this statement, which will be forwarded to Standard Insurance Company for underwriting and approval or denial. You will subsequently be notified of the underwriting decision and, if approved, of the effective date of your life insurance coverage.

# WELLNESS PROGRAMS - 2007

Sponsored by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov/wellness.asp](http://www.benefits.mt.gov/wellness.asp)



2007 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none"><li>• Confidential screenings for glucose, cholesterol, HDL, LDL, triglycerides</li><li>• Blood pressure and body mass index</li><li>• Optional health screening tests and flu shots when available</li><li>• Information on risk reduction through life-style modifications</li></ul>
Spring Fitness	Fee varies	<ul style="list-style-type: none"><li>• Team program designed to get people <i>active</i></li></ul>
Why Weight	Free	<ul style="list-style-type: none"><li>• Helps qualified members get assistance from a health coach to reach weight loss goals.</li></ul>
Weight Watchers		<ul style="list-style-type: none"><li>• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement</li></ul>
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none"><li>• This educational series offers healthy-living talks by local experts</li></ul>
Well on the Way	Free	<ul style="list-style-type: none"><li>• Assists qualified members to obtain health care services</li></ul>

## GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

### HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

**By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.**

### SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy lifestyles. Watch for details about this fun program in the Spring of 2007.

### HUNTER FITNESS

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

### WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially if the following four criteria are met:

#1 Weight - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

#2 Attendance - You must attend at least 75% of the classes offered.

#3 Achievement - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor.

#4 Exercise - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

### LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs. If you are located outside Helena and would like to request a Lunch 'n' Learn in your area, contact the Wellness Program. Watch for the Helena Women's Health Fair in May and the Helena Men's Health Fair in June.

### TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same. Call the wellness program for more information and a reminder magnet.

### WELL ON THE WAY

By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

### WHY WEIGHT

If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

### NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you twice a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.



# LONG TERM CARE INSURANCE - 2007

Provided by UNUM Life Insurance Company  
1-800-227-4165 • www.unum.com/enroll/stateofmontana



## Options Choices

Care Type	
Plan 1	• Facility ( <i>Nursing Home or Assisted Living</i> )
Plan 2	• Facility + Professional Home Care ( <i>Provided by a licensed home health organization</i> )
Plan 3	• Facility + Professional Home Care + Total Home Care ( <i>Care provided by anyone, including family members</i> )

## Monthly Benefit

Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount

## Duration

3 year	• 3 years Nursing Home	• or 5 years Assisted Living	• or 6 years Home Care
6 year	• 6 years Nursing Home	• or 10 years Assisted Living	• or 12 years Home Care
Unlimited	• Unlimited Nursing Home	• or Unlimited Assisted Living	• or Unlimited Home Care

## Inflation Protection

Yes	• 5% compounded annually
No	• No protection

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, legislators, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

### ENROLLMENT

If you would like to sign-up for the plan or review additional information, you may also request an enrollment kit by calling the Health Care and Benefits Division at 1-800-287-8266 or 444-7462 in Helena.

### LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

### Types of Care

**Plan 1:** Facility (Nursing Home or Assisted Living)

**Plan 2:** Facility plus Professional Home Care (provided by a licensed home health organization)

**Plan 3:** Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

### Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

### Duration

**Three Year:** Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

**Six Years:** Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

**Unlimited:** Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

### Inflation Protection

**Yes:** An inflation protection of 5 percent will be compounded annually.

**No:** No inflation protection will be provided.

### IMPORTANT CONVERSION NOTICE!

When you are no longer an active employee, you have 31 days to request a conversion form from the Health Care and Benefits Division. This converts you to an individual policy at the same rates.

# LONG-TERM CARE INSURANCE RATES

For rates with  
Inflation  
Protection,  
see page 23

Rates shown are for a \$1,000 Monthly Facility Benefit.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

## PLAN 1

Long-Term Care Facility  
Non-forfeiture

## PLAN 2

Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

## PLAN 3

Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18 - 30	1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

## LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With  
Inflation  
Protection

### PLAN 1

Long-Term Care Facility  
Non-forfeiture

### PLAN 2

Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

### PLAN 3

Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited		
Age	18-30		6.00	7.80	10.00				8.20	10.90	14.60				11.50	15.40	21.50			
31	•		6.10	8.10	10.20	•			8.30	11.20	14.90	•			11.70	15.90	22.00			
32	•		6.20	8.20	10.60	•			8.50	11.40	15.40	•			12.00	16.20	22.50			
33	•		6.50	8.60	10.80	•			8.70	11.80	15.70	•			12.20	16.60	23.00			
34	•		6.60	8.70	11.00	•			9.00	12.00	16.00	•			12.50	17.00	23.40			
35	•		6.90	9.00	11.40	•			9.30	12.40	16.40	•			12.90	17.50	24.10			
36	•		7.00	9.20	11.70	•			9.50	12.70	16.90	•			13.20	17.90	24.60			
37	•		7.20	9.60	12.00	•			9.70	13.10	17.40	•			13.50	18.40	25.30			
38	•		7.50	9.90	12.40	•			10.10	13.50	17.80	•			14.00	19.00	26.00			
39	•		7.70	10.00	12.70	•			10.40	13.70	18.20	•			14.30	19.30	26.50			
40	•		7.90	10.40	13.00	•			10.60	14.10	18.70	•			14.60	19.80	27.30			
41	•		8.20	10.60	13.50	•			10.90	14.50	19.30	•			15.10	20.30	28.00			
42	•		8.40	10.90	13.70	•			11.20	14.90	19.60	•			15.40	20.80	28.60			
43	•		8.60	11.30	14.10	•			11.50	15.30	20.20	•			15.90	21.40	29.40			
44	•		9.00	11.70	14.60	•			11.90	15.90	20.80	•			16.40	22.10	30.30			
45	•		9.20	11.90	14.90	•			12.30	16.20	21.30	•			16.80	22.60	31.00			
46	•		9.60	12.50	15.50	•			12.60	16.80	22.00	•			17.30	23.40	32.10			
47	•		9.90	12.80	16.10	•			12.90	17.10	22.50	•			17.90	24.10	33.10			
48	•		10.20	13.20	16.60	•			13.20	17.50	23.10	•			18.40	24.90	34.20			
49	•		10.70	13.80	17.10	•			13.70	18.10	23.60	•			19.10	25.70	35.20			
50	•		11.00	14.20	17.80	•			14.00	18.50	24.30	•			19.60	26.50	36.50			
51	•		11.50	14.80	18.50	•			14.60	19.20	25.10	•			20.50	27.60	38.00			
52	•		12.10	15.50	19.30	•			15.10	19.90	25.90	•			21.30	28.70	39.40			
53	•		12.40	16.00	19.90	•			15.40	20.30	26.60	•			21.90	29.60	40.80			
54	•		12.90	16.70	20.80	•			15.90	21.10	27.40	•			22.60	30.70	42.20			
55	•		13.80	17.70	21.90	•			16.70	21.90	28.30	•			23.50	31.70	43.30			
56	•		14.50	18.60	23.00	•			17.40	22.80	29.40	•			24.50	33.10	45.20			
57	•		15.30	19.60	24.20	•			18.30	23.80	30.80	•			25.80	34.70	47.60			
58	•		16.20	20.80	25.60	•			19.10	25.00	32.10	•			26.90	36.40	49.90			
59	•		17.10	21.90	26.90	•			20.00	26.10	33.60	•			28.20	38.10	52.30			
60	•		18.30	23.10	28.40	•			21.10	27.30	35.00	•			29.60	40.00	54.80			
61	•		19.70	25.20	30.80	•			22.50	29.40	37.50	•			31.50	42.80	58.70			
62	•		21.40	27.10	33.00	•			24.20	31.30	39.70	•			33.50	45.50	62.30			
63	•		22.90	29.10	35.50	•			25.70	33.30	42.30	•			35.50	48.30	66.30			
64	•		25.00	31.60	38.40	•			27.80	35.90	45.20	•			38.00	51.70	70.80			
65	•		28.10	35.50	43.00	•			30.90	39.80	50.00	•			41.70	56.80	77.80			
66	•		30.40	38.30	46.40	•			33.10	42.70	53.70	•			44.20	60.30	82.80			
67	•		33.20	41.80	50.50	•			36.10	46.40	58.20	•			47.60	65.10	89.10			
68	•		35.90	45.20	54.60	•			38.90	50.00	62.70	•			50.80	69.40	95.10			
69	•		39.20	48.90	59.20	•			42.30	54.00	67.80	•			54.60	74.40	102.20			
70	•		42.30	52.90	64.00	•			45.50	58.20	73.10	•			58.20	79.60	109.30			
71	•		46.10	57.50	69.30	•			49.40	63.10	78.90	•			62.40	85.50	117.10			
72	•		50.20	62.70	75.50	•			53.70	68.50	85.60	•			67.20	92.10	125.90			
73	•		54.10	67.10	80.80	•			57.70	73.40	91.40	•			71.80	98.20	134.00			
74	•		59.00	73.00	87.60	•			62.60	79.60	98.80	•			77.20	105.60	143.70			
75	•		69.20	85.60	102.50	•			73.30	93.00	115.30	•			89.70	122.70	166.50			
76	•		75.30	93.00	111.50	•			79.50	100.80	125.00	•			96.40	132.10	179.20			
77	•		80.60	99.40	119.10	•			84.80	107.50	133.30	•			102.00	139.90	189.70			
78	•		87.40	107.70	128.80	•			91.80	116.10	143.70	•			109.50	150.10	203.20			
79	•		94.10	115.80	138.50	•			98.70	124.80	154.20	•			117.00	160.70	217.20			
80	•		102.20	125.60	149.80	•			106.90	135.00	166.50	•			125.80	172.70	233.10			
81	•		110.20	135.10	161.00	•			115.10	145.00	178.50	•			134.40	184.40	248.40			
82	•		120.80	147.70	175.60	•			125.80	158.20	194.40	•			146.00	200.30	269.00			
83	•		131.70	160.70	190.70	•			137.00	172.00	210.70	•			158.40	217.20	290.70			
84	•		141.70	172.70	204.20	•			147.30	184.60	225.30	•			169.40	232.60	309.90			

# PHARMACARE NETWORK PHARMACIES

\*Network Pharmacies are subject to change

CITY	PHARMACY
<b>Anaconda</b>	CVS Pharmacy Osco Drug Safeway Pharmacy Thrifty Drug Store
<b>Baker</b>	Baker Rexall Drug Company
<b>Belgrade</b>	Albertson's Pharmacy Lee & Dad's Pharmacy
<b>Big Sky</b>	Bozeman Deaconess Pharmacy
<b>Big Timber</b>	Cole Drug
<b>Bigfork</b>	Llewellyn Drug
<b>Billings</b>	Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - Grand Ave. Albertson's Pharmacy - Central Ave. Albertson's Pharmacy - North 27th Albertson's Osco Pharmacy - Main St. Billings Clinic Pharmacy Billings Health & Rehabilitation Community Health Center Pharmacy Costco Pharmacy County Market Pharmacy CVS Pharmacy Deaconess Billings Clinic Aspen Deaconess Billings Clinic Atrium Deaconess Billings Clinic Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Osco Drug - Grand Ave. Pharmacy 1 ShopKo Pharmacy #2106 Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy Target Pharmacy Valley Health Care Center Wal-Mart Pharmacy - Main St. Wal-Mart Pharmacy - King Ave. Western Medical Westpark Pharmacy Woodrows Pharmacy
<b>Box Elder</b>	Rocky Boy Health Board
<b>Bozeman</b>	Albertson's Pharmacy Costco Pharmacy CVS Pharmacy Gibson Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Wal-Mart Pharmacy



CITY	PHARMACY
<b>Broadus</b>	Larry's IGA Pharmacy
<b>Butte</b>	CVS Pharmacy Driscoll Drug K Mart Pharmacy Osco Drug Safeway Pharmacy Wal-Mart Pharmacy
<b>Chester</b>	Liberty Drug
<b>Chinook</b>	Chinook Pharmacy
<b>Choteau</b>	Choteau Drug Inc
<b>Columbia Falls</b>	Columbia Falls CBOC Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
<b>Columbus</b>	Matovich IGA Discount Drug Snyder's Western Drug
<b>Conrad</b>	Olson's Drug Village Drug
<b>Corvallis</b>	Corvallis Drug
<b>Culbertson</b>	Culbertson Pharmacy
<b>Cut Bank</b>	Albertson's Pharmacy DrugMart
<b>Deer Lodge</b>	Keystone Drug Safeway Pharmacy
<b>Dillon</b>	Mitchells Drug Safeway Pharmacy
<b>Ennis</b>	Ennis Pharmacy
<b>Eureka</b>	Haines Drug - Eureka
<b>Fairfield</b>	Barrett Drug Fairfield Drug



# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
<b>Fairview</b>	Mondak Pharmacy		Wal-Mart Pharmacy
<b>Florence</b>	Florence Community Pharmacy Florence Pharmacy North	<b>Jordan</b>	Jordan Drug
<b>Forsyth</b>	Yellowstone Pharmacy	<b>Kalispell</b>	Albertson's Pharmacy Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Montana Pharmaceutical Services
<b>Fort Benton</b>	Benton Pharmacy		Rosauers Pharmacy ShopKo Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Tidyman's Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
<b>Gardiner</b>	Gardiner Drug		
<b>Glasgow</b>	Fifth Avenue Pharmacy Pamida Pharmacy Western Drug of Glasgow	<b>Laurel</b>	Gene's Pharmacy Price Pharmacy Snyder Western Drug
<b>Glendive</b>	Albertson's Pharmacy F&G Pharmacy Gabert Clinic Pharmacy Glendive Medical Center	<b>Lewistown</b>	Albertson's Pharmacy Central Montana Medical Center Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
<b>Great Falls</b>	Albertson's Pharmacy - 10th Ave. Albertson's Pharmacy - 3rd St. Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Kindred Pharmacy Services Osco Drug Pharmerica Plaza United Drugs Public United Drug Sam's Pharmacy ShopKo Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Wal-Mart Pharmacy	<b>Libby</b>	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
<b>Hamilton</b>	Albertson's Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	<b>Livingston</b>	Albertson's Pharmacy Pamida Pharmacy Western Drug #9 of Livingston
<b>Hardin</b>	Pharmcare Pharmacy Stevenson's IGA	<b>Lolo</b>	Lolo Drug
<b>Havre</b>	Albertson's Pharmacy K Mart Pharmacy Northern MT Pharmacy Western Drug Pharmacy	<b>Malta</b>	Valley Drug Company
<b>Helena</b>	Bergum Drug CVS Pharmacy - N. Montana Ave. CVS Pharmacy - Euclid Ave. K Mart Pharmacy Reynolds Drug Safeway Pharmacy ShopKo Pharmacy Snyder Drug Store St. Peter's Pharmacy	<b>Miles City</b>	Albertson's Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Miles City CBOC Wal-Mart Pharmacy
		<b>Missoula</b>	A & C Drug Albertson's Pharmacy - Oxford St. Albertson's Pharmacy - Reserve St. Albertson's Pharmacy - Russell St. Broadway Pharmacy Costco Pharmacy CVS Pharmacy East Gate Drug Garden City Pharmacy Hillside Health Care Center  JEO Inc.

# PHARMACARE NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	K Mart Pharmacy Osco Drug - Brooks St. Partnership Health Center Riverside Health Care Pharmacy	<b>Whitefish</b>	Good Medicine Pharmacy Haines Medical Pharmacy Haines Drug Safeway Pharmacy
	Rosauers Pharmacy Safeway Pharmacy - Reserve St. Safeway Pharmacy - Broadway St. Savmor Drug ShopKo Pharmacy Village Health Care Center Wal-Mart Pharmacy - Mullan Rd.	<b>Whitehall</b>	Whitehall Drug
	Wal-Mart Pharmacy - Hwy 93 Walgreens Drug Store		
<b>Plains</b>	Plains Drug		
<b>Plentywood</b>	Plentywood Rexall Drug		
<b>Polson</b>	Healthcare Plus Healthcare Plus LTC Safeway Pharmacy St. Joseph's Retail Pharmacy Wal-Mart Pharmacy		
<b>Red Lodge</b>	Beartooth Pharmacy Red Lodge Drug Company		
<b>Ronan</b>	Family Health Pharmacy R & R Health Care Solutions		
<b>Roundup</b>	Jorgenson's Drug		
<b>Seeley Lake</b>	Healthcare Plus		
<b>Shelby</b>	Pamida Pharmacy Wells Drug		
<b>Sidney</b>	Clinic Pharmacy Pamida Pharmacy White Drug		
<b>St. Ignatius</b>	Mission Drug		
<b>Stevensville</b>	Ridgeway Pharmacy Stevensville Family Pharmacy Valley Drug & Variety		
<b>Superior</b>	Mineral Pharmacy		
<b>Thompson Falls</b>	Doug's Drug		
<b>Three Forks</b>	Three Forks Medical Arts Pharmacy		
<b>Townsend</b>	Townsend Drug		
<b>Troy</b>	Kootenai Drug		
<b>Twin Bridges</b>	MAC's CHC Pharmacy		
<b>White Sulphur Spg</b>	Castle Mountain Drug		

# BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Divide	59727	• Joplin	59531	• Pryor	59066
Acton	59002	• Dixon	59831	• Judith Gap	59453	• Ramsay	59748
Alberton	59820	• Drummond	59832	• Kalispell	59901	• Ravalli	59863
Alder	59710	• Dupuyer	59432	•	59903	• Raynesford	59469
Anaconda	59711	• Dutton	59433	•	59904	• Red Lodge	59068
Arlee	59821	• East Helena	59635	• Kevin	59454	• Rexford	59930
Augusta	59410	• East Missoula	59801	• Kila	59920	• Ringling	59642
Avon	59713	• Edgar	59026	• Kremlin	59532	• Roberts	59070
Ballantine	59006	• Elliston	59728	• Lake McDonald	59921	• Rollins	59931
Basin	59631	• Elmo	59915	• Lakeside	59922	• Ronan	59864
Bearcreek	59007	• Emigrant	59027	• Laurel	59044	• Roscoe	59071
Belfry	59008	• Ennis	59729	• Lavina	59046	• Roundup	59072
Belgrade	59714	• Ethridge	59435	• Ledger	59456	• Rudyard	59540
Belt	59412	• Eureka	59917	• Libby	59923	• Ryegate	59074
Big Arm	59910	• Fairfield	59436	• Lima	59739	• Saltese	59867
Bigfork	59911	• Fishtail	59028	• Lincoln	59639	• Sand Coulee	59472
Big Sky	59716	• Florence	59833	• Livingston	59047	• Sand Springs	59077
Billings	59101-59108	• Floweree	59440	• Lloyd	59535	• Santa Rita 59473	
	59111-59117	• Fort Benton	59442	• Lodge Grass	59050	• Seeley Lake	59868
Black Eagle	59414	• Fort Harrison	59636	• Lolo	59847	• Shawmut	59078
Bonner	59823	• Fort Shaw 59443		• Loma	59460	• Shelby	59474
Boulder	59632	• Fortine	59918	• Lonepine	59848	• Shepherd	59079
Box Elder 59521		• Frenchtown	59834	• Lothair	59461	• Sheridan	59749
Boyd	59013	• Fromberg	59029	• Manhattan	59741	• Silver Star 59751	
Bozeman	59715	• Galata	59444	• Marion	59925	• Silverbow 59750	
	59717-59719	• Gallatin Gateway	59730	• Martin City	59926	• Simms	59477
	59771-59773	• Garneill	59445	• Martinsdale	59053	• Somers	59932
Brady	59416	• Garrison	59731	• Marysville	59640	• St. Ignatius	59865
Bridger	59014	• Garryowen	59031	• McAllister	59740	• St. Regis	59866
Broadview	59015	• Geraldine	59446	• Melrose	59743	• St. Xavier	59075
Buffalo	59418	• Geyser	59447	• Melville	59055	• Stevensville	59870
Butte	59701	• Gildford	59525	• Milltown	59851	• Stockett	59480
	59702	• Glen	59732	• Missoula	59801	• Styker	59933
	59703	• Gold Creek	59733	•	59802	• Sula	59871
	59707	• Grantsdale	59835	•	59803	• Sun River	59483
Bynum	59419	• Great Falls	59401	•	59804	• Sunburst	59482
Canyon Creek	59633	•	59402	•	59806	• Superior	59872
Cardwell	59721	•	59403	•	59807	• Swan Lake	59911
Carter	59420	•	59404	•	59808	• Thompson Falls	59873
Cascade	59421	•	59405	•	59812	• Three Forks	59752
Charlo	59824	•	59406	• Molt	59057	• Trego	59934
Chester	59522	• Greenough	59836	• Monarch	59463	• Trout Creek	59874
Chinook	59523	• Hamilton	59840	• Musselshell	59059	• Twin Bridges	59754
Choteau	59422	• Hardin	59034	• Neihart	59465	• Two Dot	59085
Clancy	59634	• Harlowton	59036	• Norris	59745	• Ulm	59485
Clinton	59825	• Harrison	59735	• Noxon	59853	• Valier	59486
Clyde Park	59018	• Haugan	59842	• Oilmont	59466	• Vaughn	59487
Columbia Falls	59912	• Havre	59501	• Olney	59927	• Victor	59875
Condon	59826	• Helena	59601-59602	• Ovando	59854	• Virginia City	59755
Conner	59827	•	59604	• Pablo	59855	• Warm Springs	59756
Conrad	59425	•	59620	• Paradise	59856	• West Glacier	59936
Coram	59913	•	59623-59626	• Park City	59063	• White Splhr Sprgs	59645
Corvallis	59828	• Helmville	59843	• Pendroy	59467	• Whitefish	59937
Creston	59902	• Heron	59844	• Philipsburg	59858	• Whitehall	59759
Crow Agency	59022	• Highwood	59450	• Pinesdale	59841	• Whitelash	59545
Custer	59024	• Hingham	59528	• Plains	59859	• Wilsall	59086
Cut Bank	59427	• Hot Springs	59845	• Polaris	59746	• Winston	59647
Darby	59829	• Hungry Horse	59919	• Pole Bridge	59928	• Wisdom	59761
Dayton	59914	• Huntley	59037	• Polson	59860	• Wise River	59762
De Borgia		• Huson	59846	• Pompeys Pillar	59064	• Wolf Creek	59648
59830		• Inverness	59530	• Pony	59747	• Worden	59088
Deer Lodge	59722	• Jackson	59736	• Power	59468	• Zurich	59547
Dell	59724	• Jefferson City	59638	• Pray	59065	•	
Dillon	59725	• Joliet	59041	• Proctor	59929	•	
		•		•		•	

# NEW WEST MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Connor	59827	• Heron	59844	• Park City	59063
Acton	59002	• Coram	59913	• Hingham	59528	• Perma	59859
Alberton	59820	• Corbin	59602	• Hot Springs	59845	• Philipsburg	59858
Alder	59710	• Corvallis	59828	• Hungry Horse	59919	• Pinecreek	59715
Allhambra	59602	• Creston	59901	• Huntley	59037	• Pinesdale	59841
Alpine	59071	• Crow Agency	59022	• Huson	59846	• Plains	59859
Amsterdam	59741	• Cushman	59046	• Hysham	59038	• Polaris	59746
Anaconda	59711	• Custer	59024	• Jefferson City	59638	• Polebridge	59928
Angela	59312	• Darby	59829	• Joliet	59041	• Polson	59860
Apgar	59936	• Dayton	59914	• Jordan	59337	• Pompeys Pillar	59064
Argenta	59725	• Deen	59068	• Kalipsell	59901-59904	• Porters Corner	59840
Arlee	59821	• Deer Lodge	59722	• Kevin	59454	• Potomac	59823
Armington	59412	• Dempsey	59722	• Keystone	59872	• Power	59468
Ashuelot	59401	• Dillon	59725	• Kila	59920	• Pray	59065
Austin	59602	• Dixon	59831	• Kinsey	59338	• Princeton	59722
Avon	59713	• Dodson	59524	• Klein	59072	• Proctor	59929
Ballantine	59006	• Drummond	59832	• Kremlin	59532	• Pryor	59066
Bannack	59725	• Dunkirk	59474	• Lake McDonald	59921	• Quartz	59872
Basin	59631	• Dunmore	59034	• Lakeside	59922	• Radersburg	59641
Bearcreek	59007	• East Helena	59635	• Laredo	59501	• Ramond	59256
Beaverton	59538	• Eddy	59859	• Laurel	59044	• Rapelje	59067
Beehive	59061	• Eden	59401	• Laurin	59725	• Ravalli	59863
Belfry	59008	• Edgar	59026	• Lavina	59046	• Raynesford	59469
Belgrade	59714	• Elliston	59728	• Ledger	59456	• Red Lodge	59068
Belt	59412	• Elmo	59915	• Libby	59923	• Reed Point	59069
Benteen	59034	• Emigrant	59027	• Limestone	59011	• Riceville	59401
Big Arm	59910	• Ethridge	59435	• Livingston	59047	• Rivulet	59872
Big Sandy	59520	• Evaro	59801	• Lloyd	59535	• Roberts	59070
Big Sky	59716	• Ferdig	59466	• Lodge Grass	59050	• Rockvale	59019
Big Timber	59011	• Ferndale	59901	• Logan	59715	• Rocky Boy	59521
Bigfork	59911	• Fishtail	59028	• Lolo	59847	• Rollins	59931
Billings	59101-59108	• Flatwillow	59072	• Lohman	59501	• Ronan	59864
	59111-59116	• Florence	59833	• Lolo	59847	• Roscoe	59071
Black Eagle	59414	• Forsyth	59327	• Loma	59460	• Rosebud	59347
Bonner	59823	• Fort Harrison	59636	• Lonepine	59848	• Roundup	59072
Boulder	59632	• Fort Shaw	59443	• Loring	59537	• Saco	59261
Box Elder	59521	• Frenchtown	59834	• Lozeau	59872	• Saint Ignatius	59865
Boyd	59013	• Fresno	59501	• Luther	59068	• Saint Regis	59866
Bozeman	59715-59719	• Fromberg	59029	• Malta	59538	• Saint Xavier	59075
	59771-59773	• Galen	59722	• Manchester	59401	• Saltese de Borgia	59872
Bridger	59014	• Gallatin	59715	• Manhattan	59741	• Sand Coulee	59472
Broadview	59015	• Gallatin Gateway	59730	• Manicke	59923	• Sanders	59076
Brusett	59318	• Garrison	59731	• Marion	59925	• Sedan	59715
Burnham	59501	• Garryowen	59031	• Martin City	59926	• Sheffield	59327
Canyon Creek	59633	• Georgetown	59711	• Marysville	59640	• Shelby	59474
Canyon Ferry	59602	• Gildford	59525	• Maudlow	59644	• Shepherd	59079
Cascade	59421	• Glen	59732	• Maxville	59722	• Silesia	59041
Castner Falls	59401	• Gold Creek	59733	• McLeod	59052	• Simms	59477
Centerville	59401	• Grant	59725	• Melville	59055	• Snider	59873
Charlo	59824	• Grantsdale	59835	• Miles City	59301	• Somers	59932
Chinook	59523	• Great Falls	59401-59406	• Milltown	59851	• Southern Cross	59711
Churchill	59715	• Greenough	59836	• Missoula	59801-59808	• Springdale	59082
Clancy	59634	• Greycliff	59033	•	59812	• Stevensville	59870
Cleveland	59501	• Hall	59837	• Moiese	59824	• Stockett	59480
Clinton	59825	• Hamilton	59840	• Molt	59057	• Stryker	59933
Clyde Park	59018	• Happy's Inn	59923	• Montana City	59634	• Sula	59871
Coalbanks Landing	59520	• Hardin	59034	• Musselshell	59059	• Sun River	59483
Coberg	59538	• Hardy	59401	• Niaraada	59845	• Sunburst	59482
Cohagen	59322	• Hathaway	59333	• Noxon	59853	• Superior	59872
Colstrip	59323	• Havre	59501	• Nyack	59901	• Swan Lake	59911
Columbia Falls	59912	• Helena	59601-59602	• Oilmont	59466	• Tarkio	59872
Columbus	59019	•	59604	• Opportunity	59711	• Thompson Falls	59873
Comet	59602	•	59620	• Pablo	59855	• Three Forks	59752
Condon	59826	• Henderson	59872	• Paradise	59856	• Thurlow	59327

## NEW WEST AREAS

City	Zip Code
Toston	59643
Townsend	59644
Tracy	59472
Trident	59752
Troy	59935
Turah	59825
Twin Bridges	59754
Ulm	59485
Unionville	59602
Vananda	59327
Vaughn	59487
Victor	59875
Virgelle	59520
Wagner	59538
Warm Springs	59756
Warren	59068
Washoe	59007
West Glacier	59936
Whitefish	59937
Whitewater	59544
Wickes	59602
Wilsall	59086
Winston	59647
Wolf Creek	59648
Woods Bay	59901
Woodside	59840
Worden	59088
York	59602
Zurich	59547

## PEAK HEALTH AREAS

City	Zip Code
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Rosebud	59347
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

## PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20% Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Lewistown Central Montana Medical Center
Baker	Fallon Medical Complex	:	Libby St. John's Lutheran Hospital
Big Sandy	Big Sandy Medical Center	:	Livingston Healthcare
Big Timber	Pioneer Medical Center	:	Malta Phillips County Medical Center
Billings	Billings Cataract and Laser Surgicenter	:	Miles City Holy Rosary Healthcare
	Deaconess Billings Clinic	:	Missoula Big Sky Surgery Center
	Health South Surgery Center	:	Missoula Bone & Joint Surgery Center
	LaGreca Eye Clinic	:	Providence Surgery Center
	St. Vincent's Healthcare	:	St. Patrick's Hospital & Health Sciences
	Yellowstone Surgery Center	:	Philipsburg Granite County Medical Center
Bozeman	Bozeman Deaconess Hospital	:	Plains Clark Fork Valley Hospital
	Rocky Mountain Surgical Center	:	Plentywood Sheridan Memorial Hospital
	Sameday Surgery Center	:	Polson St. Joseph Hospital
Butte	St. James Healthcare	:	Poplar Poplar Community Hospital
	Summit Surgery Center	:	Red Lodge Beartooth Hospital and Health Center
Chester	Liberty County Hospital	:	Ronan St. Luke Community Hospital
Choteau	Teton Medical Center	:	Roundup Roundup Memorial Hospital
Circle	McCone County Health Center	:	Scobey Daniels Memorial Hospital
Columbus	Stillwater Community Hospital	:	Shelby Marias Medical Center
Conrad	Pondera Medical Center	:	Sheridan Ruby Valley Hospital
Culbertson	Roosevelt Memorial Medical Center	:	Sidney Sidney Health Center
Cut Bank	Northern Rockies Medical Center	:	Superior Mineral Community Hospital
Deer Lodge	Powell County Memorial Hospital	:	Terry Prairie Community CAH
Dillon	Barrett Hospital & Health Care	:	Townsend Broadwater Health Center
Ennis	Madison Valley Hospital	:	Whitefish North Valley Hospital
Forsyth	Rosebud Health Care Center	:	White Sulphur Mountainview Medical Center
Fort Benton	Missouri River Medical Center	:	Springs
Glendive	Glendive Medical Center	:	Wolf Point Northeast Montana Health Services
Great Falls	Benefis Healthcare	:	Non-preferred 35% Coinsurance
	Great Falls Clinic Surgery Center	:	Ekalaka Dahl Memorial Heathcare
	Pacific Cataract and Laser Institute	:	Glasgow Frances Mahon Deaconess Hospital
Hamilton	Marcus Daly Memorial Hospital	:	Great Falls Central MT Surgical Hospital
Hardin	Big Horn County Memorial Hospital	:	Helena Shodair Hospital
Harlowton	Wheatland Memorial Hospital	:	Jordan Garfield County Health Center
Havre	Northern Montana Hospital	:	Missoula Community Medical Center
Helena	Helena Surgicenter	:	
	St. Peter's Hospital	:	
Kalispell	Heathcenter Northwest	:	All other 25% Coinsurance
	Kalispell Regional Medical Center	:	
	Orthopedic Surgery Center	:	



# PARTICIPATING HOSPITALS - MANAGED CARE PLANS

## BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Memorial Hospital
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Healthcare
	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest
	Kalispell Regional Medical Center
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick Hospital and Health Sciences
Center	
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

## PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

## NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
	Shodair Hospital
Jordan	Garfield County Health Center
Kalispell	Healthcenter Northwest
	Kalispell Regional Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
Phillipsburg	Granite County MAF
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Superior	Mineral Community Hospital
Townsend	Broadwater Health Center
Whitefish	North Valley Hospital

## BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
<b>Absarokee</b>	Exley, Jack L.	Family Practice		Kadri, Abdulmajeed	Internal Medicine
<b>Anaconda</b>	Howell, Stacey F.	Family Practice		Kadri, Kathie	Internal Medicine
	Rafferty, Michael C.	Family Practice		Kappy, Michael S.	Pediatrics
	Reiter, William M.	Internal Medicine		Kelker, Paul A.	Pediatrics
	Robison, Jill D.	Pediatrics		Kenamore, Claire L.	Pediatrics
	Yates, Ati H.	Internal Medicine		Kent, Thomas F.	OB & GYN
	Wells, Richard A.	Family Practice		Kirkland, Brenda G.	Family Practice
<b>Belgrade</b>	King, David	Family Practice		Kummer, Marian E.	Pediatrics
	Kjerstad, Heather	Family Practice		Langohr, Janis I.	Pediatrics
	Mentel, Marc C.	Family Practice	R.		Lehnherr, David
	Moran, Patricia	Family Practice		Family Practice	
<b>Bigfork</b>	Ducote, DanaC.	Family Practice		Malloy, John J.	Family Practice
	Jenko, Thomas G.	Family Practice		Malters, Edward C.	Internal Medicine
<b>Billings</b>	Accurso, Frank J.	Pediatrics		McClave, Charles R.	Internal Medicine
		Agnew, Deborah		Merchant, Robert K.	Internal Medicine
G.	Pediatrics			Metzger, Michael E.	Internal Medicine
Anderson, Richard D.		Internal Medicine		Michels, Frank C.	Family Practice
	Apkon, Susan D.	Pediatrics		Molloy, Daniel M.	OB & GYN
		Bailey, Ieva L.	A.	Moore, Douglas L.	General Practice
OB & GYN		Beijer,		Narkewicz, Michael R.	Pediatrics
Kerstin A.	Family Practice				Neuhoff, Douglas
	Blossom, Mark E.	Internal Medicine		OB & GYN	
	Bullman, Jon M.	Family Practice		Nichols, Robert James	Family Practice
	Brown, Elaine K.	OB & GYN		Nicholson, Laura R.	Pediatrics
	Busch, Byron J.	Internal Medicine		Petersen, Susan J	Family Practice
	Campbell, Bruce G.	Family Practice	J.	Peterson, Erica L.	Family Practice
	Canty, Bryan J.	Family Practice		Pierson, Michelle S.	Pediatrics
	Center, Dean M.	Family Practice			Pueringer, Robert
	Collett, Gordon C.	Pediatrics		Internal Medicine	
	Cook, Cheryl S.	Internal Medicine		Ragar, Todd J.	Family Practice
	Crichlow, Renee M.	Family Practice		Sauer, John Patrick	Pediatrics
	Dahl, Dona Chimene	OB & GYN		Schnitzer, Brian M.	Family Practice
	Danaher, Julie A.	OB & GYN		Sears, Scott E.	Internal Medicine
	Dietrich, Janet L.	OB & GYN		Shaub, Stephen R.	Family Practice
	Eaton, Charlotta L.	Internal Medicine		Sorensen, Neal B.	Internal Medicine
	Ezell, Douglas T.	OB & GYN		Standish, David D.	Pediatrics
	Fahrenwald, Roxanne	Family Practice		Starr, Brian L.	Pediatrics
	Fishburn, Amy M.	Internal Medicine		Stephens, Catherine L.	
	Forseth, Hal W.	OB & GYN		Internal Medicine	
	Fuller, Bradley D.	Internal Medicine		Stevens, Richard C.	Pediatrics
	Gerbasi, Paolo F.	Family Practice		Tapia, Lionel Edward	Pediatrics
	Gobin, Mark R	Internal Medicine		Thompson, Frank R.	Family Practice
	Gray Jr., Jimmy	Internal Medicine		Vincent, James K.	Internal Medicine
	Grewell, Donald A.	Family Practice		Weaver, Daniel T.	Internal Medicine
	Gunville, Fred E.	Pediatrics		Winbush, Nicole	Family Practice
		Guyer, James W.	<b>Boulder</b>	Burkholder, James N.	Family Practice
Family Practice			<b>Bozeman</b>	Adams, Timothy	Internal Medicine
	Hagan, Michael C.	Internal Medicine		Benda, Gabor	Family Practice
	Hinshaw, James C.	OB & GYN		Borgenicht, Kathryn	Internal Medicine
	Hugelen, Julie A.	Family Practice		Bronsky, Sarah E.	Family Practice
	James, Thomas R.	Family Practice		Cady, Andrea K.	Family Practice
	Johnson, David F.	Internal Medicine		Canner, Rebecca	Family Practice
	Johnson, Jeffrey S.	Internal Medicine		Fairbanks, Tracy	Family Practice
	Johnson, Linda R.	Pediatrics		Flaherty, Robert	Family Practice
	Johnson, Vernon N.	Family Practice		Fuller, Dell	Family Practice
	Jozwiak, Mary	Internal Medicine		Gillis, Shaun	OB & GYN
				Hathaway, Robert A.	Internal Medicine
				Herring, Michael T.	Internal Medicine



# BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
	Hiebert, Pamela J.	Internal Medicine		Miller, Joan M.	Family Practice
	Hildner, Thomas	Family Practice		Pitman, Douglas J.	Family Practice
	Hoffman, David	Family Practice		Tremper, John H.	Family Practice
	Kirchhoff, Colette A.	Family Practice			
	Loeffelholz, James E.	Internal Medicine	<b>Conrad</b>	Barran, Peter D.	Family Practice
	McLaughlin, David	Family Practice		Dodge, Jenifer P.	Family Practice
	Mitchell, Christine L.	Family Practice		Nesbo, Shawn T.	Family Practice
	Nickisch, Stephen	OB & GYN		Taylor, Jay D.	Family Practice
	Omohundro, Luke	Family Practice			
	Pascual, Virginia H.	Internal Medicine	<b>Corvallis</b>	Courchesne, Yvonne K.	Family Practice
	Persson, Anders V.	Internal Medicine			
	Ramsey, Leonard	Family Practice	<b>Deer Lodge</b>	Martin, Wayne R.	Family Practice
	Robbins, John B.	Internal Medicine			
	Roberts, Steven G.	Family Practice	<b>Dillon</b>	McIntyre, Sandra S.	Family Practice
	Saari, George J.	Internal Medicine			
	Schneider, Gregory	Family Practice	<b>Eureka</b>	Ionescu, Raluca M.	Internal Medicine
	Sonnenburg, Larry	Family Practice		Ionescu, Serban I.	Internal Medicine
	Vlases, Michael J.	Internal Medicine			
	Waterman, Cathy	Family Practice	<b>Florence</b>	Milan, Georgia A.	Family Practice
	Wheeler, Heather	Family Practice			
<b>Bridger</b>	Fouts, Thomas	Family Practice	<b>Geraldine</b>	Buck, Mark K.	Family Practice
<b>Butte</b>	Abo-Deeb, Azza	Pediatrics			
	Bodine, Jonathan A.	Internal Medicine	<b>Great Falls</b>	Adams, Elton J.	Internal Medicine
	Chamberlain, David Paul	Internal Medicine		Addison, T Brice	Internal Medicine
	Cortese, Florian M.	Internal Medicine		Anacker, Eric R.	Internal Medicine
	Ellis, William Bruce	Family Practice		Anderson, David E.	Internal Medicine
	Gould, Stanley F.	OB & GYN		Anderson, Loy L.	Family Practice
	Graham, Kenneth J.	Pediatrics		Asthalter, James H.	Family Practice
		Henke, Paul F.		Astle, Hal G.	Family Practice
OB & GYN	Hunt, Kenneth C.	Family Practice		Avery, Susan H.	Family Practice
	Karmaker, Nivedita	Pediatrics		Barker, Marci L.	Family Practice
	Kautzman, Jessie	Family Practice		Becker, Margaret A.	Family Practice
	Kronenberger, Brett N.	Internal Medicine		Bergman, Bradford A.	Internal Medicine
	McGree, Patrick J.	Family Practice		Bolding, Julia M.	Internal Medicine
	Mulcaire-Jones, George	Family Practice		Braget, Daren J.	OB & GYN
	Popovich, Keith J.	Internal Medicine		Brayko, Craig M.	Internal Medicine
	Pullman, John	Internal Medicine		Buffington, Gary A.	Internal Medicine
	Robison, Dixon L.	Internal Medicine		Burk, Scott W.	Internal Medicine
	Salisbury, Dennis F.	Family Practice		Burleigh, Peter L.	OB & GYN
	Sessions, Lisa K.H.	Family Practice		Chapman, Vicki L.	OB & GYN
	Sewell, Jeffrey W.	Pediatrics		Chrzanowski, Steven M.	Internal Medicine
	Shepherd, Susan M.	Pediatrics		Cruise, Jennifer L.	Family Practice
	Siddoway, Paul R.	Internal Medicine		Dixon, Suzanne D.	Pediatrics
	Siragusa, Vincent P.	Internal Medicine			Eck, Marci J.
	Sironi, Rindo R.	OB & GYN			Effertz,
	Taverna, Jacob M.	Internal Medicine	OB & GYN		
	Wilson, Judith H.	Internal Medicine	Susan J.	Internal Medicine	
<b>Chester</b>	Earl, Anna M.	Family Practice	Eichner, Jerrold M.		Pediatrics
	Kozakiewicz, Richard S.	Family Practice		Engbrecht, David R.	Family Practice
	Young, Gladys E.	Family Practice		Feldman, Howard J.	Internal Medicine
<b>Chinook</b>	Nemes, Joseph Z.	General Practice		Garrity, Deborah M.	Pediatrics
	White, Barry	Family Practice		Garver, Michael K.	Pediatrics
				Gerasimou, Eve Marie	Internal Medicine
<b>Columbia Falls</b>	Carlson, Mary Ann	Pediatrics		Gerrity, Nora C.	Pediatrics
		Gedlaman, Derek			Geyer, Raymond
A.	Family Practice		A.	Internal Medicine	
			Gordon, Daniel	Family Practice	
			Guter, Karl A.	Internal Medicine	
				Handwerk, Francis J.	OB & GYN
				Harkness, James E.	Family Practice
				Hinz, Jeffrey P.	Pediatrics
					Hong, Chue Shei
			Internal Medicine		
				Houlihan, Gregory S.	Family Practice
				Johnson, Marcus A.	Family Practice

## BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY	
	Mahan, John W.	Internal Medicine		Fairfax, Walter R.	Internal Medicine	
	Margaris, Melchisedek L.	Family Practice		Henderson, Robert T.	Internal Medicine	
	Marron, Colleen M.	Pediatrics		Huffman, Phillip A.	Internal Medicine	
	Martin, Bryan E.	Internal Medicine		Latkovich, Katarina	Internal Medicine	
	Matelich, Craig C.	Pediatrics		Lien, Karen E.	Family Practice	
S.	Pediatrics		Miller, Frank L.	OB & GYN		
	Maynard, Bobby L.		Internal Medicine	Nolan, Michael D.	Family Practice	
	Maynard, Nancy J.		Pediatrics	Richardson, Bruce W.	Family Practice	
OB & GYN	McClure, Robert J.		Swietnicki, Suzanne R.	OB & GYN		
			Ward, Mark A.	Internal Medicine		
	Messick-Laeven, Petra M.		<b>Helena</b>	Augustine, Teresa	Pediatrics	
	Miles, Mark R.		OB & GYN	Bailey, Jessica A.		
	Miller, Frederick G.		Internal Medicine	Batey,		
	Mills, Angela L.	Family Practice		William M.	Family Practice	
	Molloy, John T.	Internal Medicine		Bonde, Trena K.	Family Practice	
	Parambi, Varghese	Internal Medicine		Borman, Nancy	Family Practice	
	Penland, Shannon K.	Internal Medicine		Brunsdon, Jennifer	Family Practice	
	Rider, Evelyn D.	Pediatrics		Buswell, Richard S.	Pediatrics	
	Thomas W.	Internal Medicine		Cody, Karen E.	Family Practice	
		Roux, Timothy P.		Internal Medicine	Danielson, Michelle	Pediatrics
		Ruggerie, Dennis P.		Pediatrics	Dill, Tracy B.	
Sandra C.	Short-Bartlett,		Internal Medicine	Eodice, Diane M.	Family Practice	
	Pediatrics		Eodice, Paul A.	Family Practice		
	Speer, Jerry W.		Family Practice	Fernandez, William N.	Internal Medicine	
	Sweeney, Terrance J.		Family Practice	Fritz, Blayne L.	Pediatrics	
	Swift, Douglas E.		Internal Medicine	Harrison, Virginia Lee	Internal Medicine	
	Treptow, Craig L.		Family Practice	Hay, Michael S.	OB & GYN	
	Triehy, Thomas G.		Family Practice	Hess, Phillip A.	Family Practice	
	Vargo, Patsy M.		Family Practice	Hesskamp, Daniel E.	Internal Medicine	
	Warr, Thomas A.		Internal Medicine	Howell, Sheri S.	Family Practice	
	Weill, Timothy C.		Family Practice	Huntley, Mria Lyn	OB & GYN	
	Welsh, Carey J.		Family Practice	Justad, Jean M.	Internal Medicine	
	Welsh, Tamara		Family Practice	Keefe, Erin M.	Pediatrics	
	Wood, Julie A.		Family Practice	Kirkpatrick,		
	Yturri, James A.		Internal Medicine	Christina L.	Internal Medicine	
	<b>Hamilton</b>		Ashcraft, Walker J.		Krainacker, David A.	Family Practice
Borino, Teresa P.		Kreisberg, Mark S.	Internal Medicine			
Brouwer, Lawrence D.		Kubicka, Kurt T.	Family Practice			
Courchesne, John R.		Larson, Jay L.	Internal Medicine			
Favara, Blaise E.		Lechner, David W.	Family Practice			
Gillis, Harry G.		Maher, James J.	Family Practice			
Harder-Brower, Kathleen		Malany, Andrew M.	OB & GYN			
Heath, H. Brett		Marx, Shari K.	Internal Medicine			
Laraway, John D.		McMahon Jr., Jack W.	OB & GYN			
Milch, Lisa J.		McRee, Heather	Family Practice			
Moran, Michael P.		Mest, Stephen J.	Internal Medicine			
Moreland, John P.		Nordwick, Nancie	Pediatrics			
Smith, Gary		Normandin,				
Stewart, Randy L.		Family Practice	Gregory H.		Internal Medicine	
<b>Hardin</b>		Billin, Aaron R.			Palcisko, Michael	Pediatrics
	Greimann, Carolyn S.	Pincomb, Gwendolyn A.		Internal Medicine		
	Ostahowski, Gary A.	Reynolds, John A.		Pediatrics		
		Riessen, Erik R.		Internal Medicine		
		Sargent, Richard P.		Family Practice		
<b>Harlowton</b>	MacCart, John G.		Schoderbek, William E.	Internal Medicine		
	Wolf, Mary M.		Seitz, Tristan A.	Internal Medicine		
			Skillman, Donald R.	Family Practice		
			Snider, William C.	Family Practice		
<b>Havre</b>	Booth, Thomas D.	Family Practice				

## BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	
Internal Medicine Wagenaar, Robert S.	Strekall, Michael S.	Family Practice	
	Strizich, Thomas A.	Pediatrics	
		Travis, Lee R.	
		Family Practice	
	Wampler, Todd B.	Family Practice	
	Weitz, Brian C.	Family Practice	
	Wiley, Frank W.	Family Practice	
Williams, Carla M.	OB & GYN		
	Williams, Derek J.	Family Practice	
<b>Kalispell</b>	Anderson, Jonathan M.	Family Practice	
	Armstrong, Jr., James H.	Family Practice	
	Birky, Perry K.	OB & GYN	
	Boehme, William M.	Internal Medicine	
	Boharski, Michael J.	Internal Medicine	
	Bukacek, Ann M.	Internal Medicine	
	Caughlan, Thomas V.	Internal Medicine	
	Csaplar, Laura J.	Pediatrics	
	Dixon, Charles L.	Family Practice	
	Dykstra, Lynn A.	Pediatrics	
	Evans, Stephen S.	Internal Medicine	
	Fetzer, Candace R.	Internal Medicine	
	Fleischer, Lisa Ann	Family Practice	
	Gill, Christopher H.	Internal Medicine	
	Habel, David C.	Internal Medicine	
	Johnson, Marise K.	Internal Medicine	
	Jonas, Gwenda C.	OB & GYN	
	Jonas, Kenneth L.	Family Practice	
	Kiley, James A.	Family Practice	
	Klein, Debra J.	OB & GYN	
	Lavin, John A.	OB & GYN	
	Law, Linda C.	Family Practice	
	Neff, Kathryn H.	Family Practice	
	Nelson, Douglas A.	Internal Medicine	
	Nelson, Gina S.	OB & GYN	
	Nelson, Kathleen G.	OB & GYN	
	Oehrtman, Pamela R.	Family Practice	
	Palchak, Andrew E.	Family Practice	
	Peterson, Dennis J.	Internal Medicine	
	Rogers, Robert M.	OB & GYN	
	Schmidt, Jason J.	Family Practice	
	Sherrick, Robert C.	Internal Medicine	
	Sorensen, Mark J.	Pediatrics	
	Swanberg, Louise E.	Internal Medicine	
	Taylor, Richard H.	OB & GYN	
	Treadwell, Leah	Family Practice	
	Van Belois, Bernadette M.	Internal Medicine	
	Vranish, Loren S.	Family Practice	
	Ward, John A.	Internal Medicine	
	Wilder, Wallace S.	Pediatrics	
	Winkel, R. Dennis	Family Practice	
	Wise, Richard C.	Family Practice	
<b>Laurel</b>	Forseth, Lori A.	Family Practice	
	Hager, Dwight R.	Family Practice	
	McCrea, Kevin G.	Family Practice	
	Richardson, E. Lee	Family Practice	
	Ulrich, Robert C.	Family Practice	
	VanNice, Robert B.	Family Practice	

CITY	NAME	SPECIALTY
<b>Libby</b>	Whitehouse, Alan C.	General Practice
<b>Livingston</b>	Burwell, Shawn	OB & GYN
	Flook, Benjamin	Family Practice
	Gulbranson, Lexi L.	Family Practice
	Helin, Denise	OB & GYN
	Noteboom, Dennis	General Practice
	O'Hara, Peggy	Pediatrics
		Pessl, Erich
		Reid,
	Family Practice	
	Genevieve	Family Practice
	Schulein, Mark	Family Practice
<b>Lolo</b>	Gomersall, Janice R.	Family Practice
	Vasquez, Ned F.	Family Practice
<b>Missoula</b>	Arnold, John E.	Pediatrics
		Beatty, Patrick G.
	Internal Medicine	
	Bekemeyer, Williams B.	Internal Medicine
	Berry, Brad	Internal Medicine
	Caldwell, J. Michael	Internal Medicine
	Corsi, Ann M.	Internal Medicine
	Corsi, Christopher M.	Internal Medicine
	Curtis, Michel B.	Internal Medicine
	Donovan, Janelle L.	Internal Medicine
	Eddy, Margaret A.	Internal Medicine
	Ex, Eric J.	Pediatrics
		Ferguson, John
		Garnaas,
	OB & GYN	
	Mark F.	OB & GYN
	Givler, Janice A.	OB & GYN
	Goren, Carolyn C.	Internal Medicine
		Pediatrics
		Hardy, Bruce G.
	Harvey, Gary P.	OB & GYN
	Hayward, Bruce T.	Family Practice
	Holle, Rolf H.	Internal Medicine
	Hughson, H. Eric	Internal Medicine
	Jones, Karl L.	Pediatrics
		Kleschen, Mary Z.
	Family Practice	
	Kress, Eric Jon	Family Practice
	Lakatua, Tony	Internal Medicine
	Langenderfer, Mary C.	Internal Medicine
	Lemire, T. Shull	Internal Medicine
	Loehnen, C. Paul	Internal Medicine
	Lovejoy, Lisa	Family Practice
	Marks, Robert D.	Family Practice
	McDonald, Judith D.	Family Practice
	Montgomery, Lynn D.	OB & GYN
	Morris, Elliot M.	Family Medicine
	Murphy, Anne Marie	Internal Medicine
	Nichols, William C.	Internal Medicine
	Peters, Edwin E.	Pediatrics
		Pickert, Curtis B.
	Pediatrics	
	Ravitz, Eric A.	Family Practice
	Reed, George H.	Internal Medicine
	Ries, Linda M.	Internal Medicine
	Richards, Lindsay A.	

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OB & GYN

## BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY			
	Thomas, Alan W.	Internal Medicine	Thompson Falls	Lovell, Randy J.	Family Practice			
	Thompson, Beth E.	Internal Medicine						
	Thompson, Steven J.	Family Practice						
	Trauscht, John M.	Internal Medicine						
	Vincent, Robert J.	Internal Medicine						
	Visscher, Judith K.	Family Practice						
	Whitney, Leslie F.	Internal Medicine						
	Wilson, Wendyll S.	Internal Medicine						
	Woltanski, Mark S.	Family Practice						
	Yahn, Diane M.	Internal Medicine						
Yeakey, Anne M.	Pediatrics	White Sulphur Springs	Bullington, Ben P. Steinberg, Marc P.	Internal Medicine Pediatrics				
Phillipsburg	Corbin, Michelle				Family Practice			
	Stinson, Kathy				Family Practice			
Plains	Damschen, Rhonda Elaine				Family Practice			
	Drye, John N.				Family Practice			
	French, Dean O.				Family Practice			
	Hanson, Gregory S.				Family Practice			
Polson	Bagnell, Kelly G.				OB & GYN	Whitefish	Beach, D. Randall Bowden, Mirna D. Daniell, Suzanne D. Erickson, Jay S. Holdhusen, Christopher J. Kalbfleisch, John N. Miller, Jon A. Miller, Ronald A. Munzing, Daniel E. Veneman, Kristin R.	OB & GYN OB & GYN Internal Medicine Family Practice Family Practice Family Practice Family Practice Family Practice Family Practice Pediatrics White, Elizabeth
	Bahnmler, Daniel E.				Family Practice			
Carte, Timothy W.	Pediatrics							
Family Practice Cara J.		Gorman, David E Harrop,						
	Family Practice							
	Irwin, R. Stephen	Family Practice						
	Palmieri, Steven W.	Family Practice						
	Panos, Craig J.	Family Practice						
	Probst, Dennis	Family Practice						
	Rausch, Daniel	Family Practice						
	Stahl, Steve D.	Family Practice						
Red Lodge	Zavala, Jeffrey S.	Family Practice	M.	Internal Medicine				
Ronan	Cullis, William C.	Family Practice						
	Cummings, Rial W.	Family Practice						
	Gochis, Paul D.	Family Practice						
	Jones, Heather	Family Practice						
	Maaliki, Hikmat A.	Family Practice						
	Vizcarra, Ed T.	Family Practice						
Roundup	Madi, Ahmed M	Internal Medicine				Whitehall	Reiff, Terry D. Sacry, Gayle	Family Practice Family Practice
Saint Ignatius	Davis, Victor M.	General Practice						
Seeley Lake	Barstad, Christine R.	Family Practice						
Shelby	Clary, Robert A.	Family Practice						
	Liechty, E. Joseph	Internal Medicine						
	Stewart, Lance L.	Family Practice						
Sheridan	Googe, Sarah Lynn Hendrickson, Roman M.	Family Practice Family Practice	Worden	Schiffert, Martin G. Stanley, Merrill Scott	Family Practice Family Practice			
Stevensville	Baldrige, Teresa A.	Internal Medicine						
	Crews, Kirk Leroy	Family Practice						
	Paul, Mark C.	Family Practice						
	Reed, Frank M.	Family Practice						

## NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY																																			
Anaconda	Baker	Shawna	Family	Internal Julie	Internal Johnson Johnson	Linda Sandra Johnson	Johnson																																			
	Connors	Stacie	Pediatrics				Pediatrics																																			
	Garrels	Lloyd	Family				OB & GYN																																			
	Mitchell	Michael	Family				Vernon																																			
	Rafferty	Michael	Family				Kale																																			
	Reiter	William	Internal				Kelker																																			
	Robison	Jill	Pediatrics				Kelly																																			
Belgrade	Jenkins	David	Family	Family Kenamore Kennedy King Klee Langohr Love Malinowski Malloy McComb-Goins Mehia Mentikov Mitchell Moore Morissette Mulvehill Neubauer Nicholson Pestle Rathe Regan Ross	Claire Marie J Emmett Karen Janis Jenny Sheryl John Stacy Denise Jeanie Peter Douglas Kirsten Sharon Laurie Laura Rebecca Laura Dennis Lisa Sachs	Pediatrics																																				
	King	David	Family			Family																																				
	Kjerstad	Heather	Family			Family																																				
	Mentel	Marc	Family			Internal																																				
	Moran	Patricia	Family			Pediatrics																																				
Big Sandy	Lanchbury	Forrest	Family	Love	Jenny	Family																																				
	Reichelt	Connie	Family			Family																																				
Big Timber	Peden	Kirby	Family	Malinowski	Sheryl	Family																																				
	Walker	Wallace	Family			Family																																				
	Walton	Sarah	Family			Family																																				
Bigfork	Cornell	Lea	Family	McComb-Goins	Stacy	Family																																				
	Ducote	Dana	General			Internal																																				
	Jenko	Thomas	General			Family																																				
Billings	Agnew	Deborah	Pediatrics	Mentikov	Jeanie	Family																																				
	Amsden	Jessica	Internal			Family																																				
	Argani	Faranak	Internal			Family																																				
	Asbell	Susan	Internal			Family																																				
	Ashcraft	Jimmie	Family			Family																																				
	Braden	Jean	OB & GYN			Family																																				
OB & GYN Karen	Internal Campbell Canty Carr Castles Collett Colson Crichlow Crowell Cruikshank Dahl	Brown	Elaine	Mitchell	Peter	Family																																				
			Cabell			Moore	Douglas	Family																																		
								Morissette	Kirsten	Family																																
										Mulvehill	Sharon	Family																														
												Neubauer	Laurie	Family																												
														Nicholson	Laura	Pediatrics																										
																Pestle	Rebecca	Internal																								
																		Rathe	Laura	Internal																						
																				Regan	Dennis	Internal																				
																						Ross	Lisa	OB & GYN																		
																								Sauer	J Patrick	Pediatrics																
																										Smith	Angela	Family														
																												Spillman	Richard	Family												
																														Standish	David	Pediatrics										
																																Starr	Brian	Pediatrics								
																																		Stevens	Richard	Pediatrics						
																																				Szabo	Laura	Internal				
																																						Tapia	Lionel	Pediatrics		
																																								Thompson	Frank	Family
		Uptergrove	Kevin	Family																																						
				Weiss	Deric	Internal																																				
						Williamson	Steven	Family																																		
OB & GYN Heidi	Family Emery Etchart Fullerton Gall Gerstner Girolami Gunville Guzman Hall Hamilton Harmon Hemmer Hinshaw									Wittnam	Charles																															Internal
												Wolfe	Rochelle																													Family
														Boulder	Bailey																											Jessica
																Burkholder	James																									
																		Lagerquist	Lori																							
																				Lechner	David																					
																						Sargent	Richard																			
																								Wampler	Todd																	
																										Bozeman	Adams															
																												Benda	Gabor													
																														Borgenicht	Kathryn											
																																Bronsky	Sarah									
																																		Cady	Andrea							
																																				Canner	Rebecca					
																																						Center	Dean			
																																								Comer	Keven	
								Conger	Kenneth																																	



# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Pediatrics Todd Heather Robert Pepper Michael Pamela Thomas Mark David Patrick Sheila Karen Kirchhoff Krebsbach Livers Loeffelholz Maleski McDonnell McInnis McLaughlin Newman Nickisch Omohundro Oriet Patterson Persson Peters Quinn Ramsey Robbins Saari Shomento Sikoski Sofianek Sonnenberg Spannring Vlases Waterman Wheeler Whittinghill Wong	Fairbanks	Tracy	Family		Gedlaman	Derek	Family
	Feist	James	Pediatrics		Miller	Joan	Family
	Fuller	Dell	Family		Pitman	Douglas	Family
	Gill	Scott	Family	<b>Columbus</b>	Kane	David	Family
	Gillis	Shaun	OB & GYN		Klee	Richard	Family
		Hansen	Juliet	<b>Corvallis</b>	Courchesne	Yvonne	Family
			Harris		Rudd	Jane	Family
	Osteopathic		Hart	<b>Deer Lodge</b>	Corbin	Michelle	Family
	Internal		Hathaway		Martin	Wayne	Family
	Internal		Henryon		Oser	Barry	Family
	Pediatrics		Herring	<b>Dillon</b>	Blake	Curtis	Family
	Internal		Hiebert		Carrick	Patricia	Family
	Internal		Hildner		Grantham	Patricia	Family
	Family		Hodgson		Hansen	Burke	Family
	Pediatrics		Hoffman		Henke	Paul	OB & GYN
	Family		Holland	Internal		Loge	Ronald
	OB & GYN		Idzerda				McIntyre
	Pediatrics		Izbicki	Sandra	Internal		
	Internal						
	Colette	Family		<b>Forsyth</b>	Hopwood	Donald	Family
	Eugene	Family					
	Eric	Pediatrics		<b>Great Falls</b>	Burk	Scott	Internal
	James	Internal			Etzel	Kelly	Family
	Teresa	Family			Freeland	Lisa	OB & GYN
	Christine	OB & GYN		Family		Gordon	Daniel
	Charlene	Pediatrics					Harkness
	David	Family					Johnson
	Lori	OB & GYN		James	Family		
	Steve	OB & GYN			Family		
	Luke	Family			Joyner	Donald	OB & GYN
	Patricia	OB & GYN		Marcus		Krauss	Kirsten
	John	Family					Kuykendall
	Anders	Internal					Legan
	William	OB & GYN		Internal	OB & GYN		Margaris
	Christine	Trauma			Internal		Martin
	Leonard	Family			Family		Miles
	John	Internal		Melchisdek	Internal		Robbins
	George	Internal			OB & GYN		
	Stacy	OB & GYN			OB & GYN		
	Peter	Family		Mark			
	Joseph	Family					
	Larry	Family					
	Joan	Internal		<b>Hamilton</b>	Ashcraft	Walker	Family
	Michael	Internal			Borino	Teresa	Family
	Cathy	Family			Brouwer	Lawrence	Family
	Heather	Family			Courchesne	John	Internal
	Susan	Family			Favara	Blaise	Pediatrics
	Alice	OB & GYN			Forbes	Virginia	Family
<b>Chinook</b>	Nemes	Joseph	General	Internal	Humphrey	Maria	Pediatrics
	White	Barry	Family		Laraway	David	OB & GYN
						Milch	Lisa
<b>Colstrip</b>	Craig	Jackson	Family	John			Moreland
	Ortiz	Jose	Family		Internal		
	Pereles-Ortiz	Jeanne	Family		Smith	Gary	Internal
<b>Columbia Falls</b>	Brandeberry	Eric	Family	<b>Hardin</b>	Stewart	Randy	Family
	Carlson	Mary Ann	Family		Wagner	Alexis	Family
	Clemens	Jacqueline	Family				
	Cook	Julie	Family		Billin	Aaron	Family
	Fields	Richard	Family		Caprata	Kim	Family
					Greimann	Carolyn	Internal
					Kirkland	Brenda	Family

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
	Ostahowski	Gary	Family		Snider	William	Family
	Trevino	Carlos	Family		Strekall	Michael	Family
	Whiting	Robert	Family		Strizich	Thomas	Pediatrics
					Vanhorsen	Jamie	Family
Havre	Blossom	Mark	Internal		Wampler	Todd	Family
	Booth	Thomas	Family		Wiley	Frank	Family
	Henderson	Robert	Internal		Williams	Derek	Family
	Huffman	Phillip	Internal				
	Latkovich	Katarina	Internal	Hot Springs	Catalanello	Mark	Family
	Lien	Karen (Karrie)	Family		Hanson	Gregory	Family
	Miller	Frank	OB & GYN		Shear	Alan	Family
		Nolan	Michael				
Family				Jordan	Muniak	Daniel	Family
	Richardson	Bruce	Family	Kalispell	Anderson	Jonathan	Family
	Swietnicki	Suzanne	OB & GYN		Armstrong Jr.	James	Family
Ward	Mark	Internal	Barinowski		Linh	Family	
Williams	Aryls	Pediatrics	Charman		Alison	Internal	
			Dugan		Shelley	Family	
			Fleischer		Lisa	Family	
			Habel		David	Internal	
Helena	Augustine	Teresa	Pediatrics	Jonas	Gwenda	OB & GYN	
	Bailey	Jessica	Family		Jonas	Kenneth	
	Batey	William	Family				
	Bonde	Trena	Family				
	Bristow	Donna	Family				
	Brunsdon	Jennifer	Family	Family			
	Bryant	Lynne	OB & GYN	Debra	OB & GYN	Lavin	
Pain Mgmt	Burkholder	James	Family	John	OB & GYN	Nelson	
	Cody	Karen	Family				
	Danielson	Michelle	Pediatrics	Douglas	Internal	Nelson	
	Ditchey-Hellems	Susan	OB & GYN	Gina	OB & GYN		
		Eodice	Diane	Oehrtman	Pamela	Family	
		Eodice	Paul	Palchak	Andrew	Family	
				Peterson	Dennis	Internal	
Family				Ponti	Julie	Internal	
	Fernandez	William	Internal	Sax	Karrin	OB & GYN	
	Fritz	Blayne	Pediatrics	Seymour	Michael	Internal	
	Gormely	Dawn	Family	Sherrick	Robert	Internal	
	Hay	Michael	OB & GYN	Swanberg	Louise	Internal	
		Hess	Phillip	Treadwell	Leah	Family	
			Howell	Vranish	Loren	Family	
Family			Huntley	Walker	Sarah	Family	
	Family			Weber	Kyle	Family	
	OB & GYN			Weiner	Eric	Internal	
	Hutchison	Mary	Pediatrics	Winkel	R Dennis	Family	
	Jordan	David	Internal	Young	Kathleen	OB & GYN	
	Justad	Jean	Internal	Zander	Melanie	Family	
	Keefe	Erin	Pediatrics				
OB & GYN	Kenny	Lisa	Family	Lakeside	Gullotta	Suzanne	Family
	Kolar	Carol	OB & GYN				
	Larson	Jay	Internal	Libby	Peters	Jana	Family
	Lechner	David	Family				
	Malany	Andrew	OB & GYN	Livingston	Coleman	Doyle	Family
		McMahon	Jack		Flook	Benjamin	Family
					Noteboom	Dennis	Family
				Reid	Genevieve	Family	
	McRee	Heather	Family		Rowe	Thomas	Internal
	Nordwick	Nancie	Pediatrics		Scanson	Peggy	OB & GYN
	Palcisko	Michael	Pediatrics		Schulein	Mark	Family
	Reynolds	John	Pediatrics		Scofield	Ted	Internal
	Riessen	Erik	Internal		Wadle	Douglas	Internal
	Roope	Beverly	Family				
	Sargent	Richard	Family				
	Smigaj	Denise	OB & GYN	Malta	Giblette	Thad	Family

# NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
<b>Miles City</b>	Holland	Randy	Family	<b>Polson</b>	French	Dean	Family
	Reynolds	Lourdes	Pediatrics		Hanson	Gregory	Family
	Schillo	Sherry	Family		Mack	Randall	Family
	Shiotani	Glenn	Family		Carte	Tomothy	Pediatrics
	Vadheim	A	Internal		Cato	Mary	Family
<b>Missoula</b>	Young	James	Pediatrics		Cullis	William	Family
	Arnold	John	Pediatrics		Gochis	Paul	Family
	Baker	Cheryl	OB & GYN		Gorman	David	Family
	Baskett	Kathleen	General		Gullotta	Suzanne	Family
	Baumgartner	Thomas	OB & GYN		Harrop	Cara	Family
	Burke	Timothy	OB & GYN		Irwin	Stephen	Family
	Carnegie	Margaret	Family		Jones	Heather	Family
	Cone	Clancy	Internal		Katsma	Timothy	Family
	Davis	Carla	Family		Mangold	Marci	Family
	Degrazio	Brenda	OB & GYN		Palmieri	Steven	Family
	Engberg	Lynn	Family		Panos	Craig	Family
	Ferguson	J Paul	OB & GYN		Probst	Dennis	Family
	Genader	Beverly	Pain Mgmt		Rausch	Daniel	Family
	Gerstle	Lawrence	Internal		Taylor	Susan	Family
	Gibson	Carla	Family		Velk	Mary	Family
	Goren	Carolyn	Cardiology		Vizcarra	Ed	Family
	Gottman	Dirk	Pediatrics		Yoder	Steven	Family
	Harper	Daniel	Pediatrics	<b>Red Lodge</b>	George	William	Family
	Harvey	Gary	OB & GYN		Mohl	Virginia	Family
	Howard	Raymond	Osteopathic		Oley III	William	Family
	Hubbard	Duncan	Family	<b>Ronan</b>	Quirk	James	Family
	Kleschen	Mary	Family		Cullis	William	Family
	Knudsen	Valerie	OB & GYN		Gochis	Paul	Family
	Kress	Eric	Family		Harrop	Cara	Family
	Laine	Tedd	Pediatrics		Jones	Heather	Family
	Larson	Jennifer	OB & GYN		Maaliki	Hikmat	Family
	Lindley	Jeffrey	Family		Mangold	Marci	Family
	Lowder	Thomas	Pediatrics	<b>Roundup</b>	Velk	Mary	Family
	McCoy	Craig	OB & GYN		Vizcarra	Ed	Family
	McNerney	Sarah	Family		Yoder	Steven	Family
	Marks	R	Family		Madi	Ahmed	Internal
	Marx	Laura	Family		Zohary	Hossam	Family
	Montgomery	Lynn	OB & GYN	<b>St. Ignatius</b>	Cullis	William	Family
	Pitt	Jesse	OB & GYN		Davis	Victor	Family
	Priddy	Michael	Family		Gochis	Paul	Family
	Quick	Edward	Family		Jones	Heather	Family
	Randall	Thomas	Pediatrics		Mangold	Marci	Family
	Rauch	Kristen	GYN		Velk	Mary	Family
	Ravitz	Eric	Family		Vizcarra	Ed	Family
	Richards	Lindsay	OB & GYN	<b>Stevensville</b>	Yoder	Steven	Family
	Ries	Justin	Family		Baldrige	Teresa	Internal
	Sax	Karrin	Family		Livingston	Amanda	Family
	Sienkiewicz	Holly	OB & GYN		Paul	Mark	Family
<b>Noxon</b>	Simmons	Sandra	Pediatrics	<b>Superior</b>	Reed	Frank	Family
	Smith	Stephen	OB & GYN		Chambers	Laurel	Family
	Swinyard	Michael	Pediatrics		Jones	Terry	General
<b>Plains</b>	Westphal	David	Family		Ornelas	Ernesto	Family
	Catalanello	Mark	Family		Park	Yong	Family
<b>Thompson Falls</b>	Drye	John	Family		Smith	Terry	Family
	Catalanello	Mark	Family				



# PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
<b>Anaconda</b>	Connors	Stacie	Pediatrics		Schiffert	Martin	Family Practice
	Robison	Jill	Pediatrics		Schnitzer	Brian	Family Practice
	Wells	Richard	Family Practice		Sears	Scott	Internal Medicine
<b>Billings</b>	Anderson	Richard	Internal Medicine		Shaub	Stephen	Family Practice
	Bailey	Ieva	OB & GYN		Sorensen	Neal	Internal Medicine
	Beijer	Kerstin	Family Practice		Standish	David	Pediatrics
	Blossom	Mark	Internal Medicine		Stanley	Merrill	Family Practice
	Bullman	Jon	Family Practice		Stevens	Richard	Pediatrics
	Busch	Byron	Internal Medicine		Tapia	Lionel	Pediatrics
	Campbell	Bruce	Family Practice		Thompson	Frank	Family Practice
	Collett	Gordon	Pediatrics		Wickstrom	Glenda	Internal Medicine
	Cook	Cheryl	Internal Medicine		Williams	Joyce	Internal Medicine
	Crichlow	Renee	Family Practice		Winbush	Nicole	Family Practice
	Dahl	Chimene	OB & GYN	<b>Bridger</b>	Exley	Jack	Family Practice
	Dietrich	Janet	OB & GYN		Fouts	T. Bradley	Family Practice
	Ezell	Douglas	OB & GYN	<b>Butte</b>	Bartakke	Swaroop	Internal Medicine
	Fahrenwald	Roxanne	Family Practice		Bodine	Jonathan	Internal Medicine
	Fishburn	Amy	Internal Medicine		Carrick	Patricia	Family Practice
	Forseth	Hal	OB & GYN		Chamberlain	David	Internal Medicine
	Fritz	Stephen	Internal Medicine		Chopyak	Joseph	Family Practice
	Fuller	Bradley	Internal Medicine		Cortese	Florian	Internal Medicine
	Gerbas	Paolo	Family Practice		Curry	Eva	Family Practice
	Gobin	Mark	Internal Medicine		Ellis	William	Family Practice
	Gray	Jimmy	Internal Medicine		Gould	Stanley	OB & GYN
	Guyer	James	Family Practice		Graham	Kenneth	Pediatrics
	Hagan	Michael	Internal Medicine		Healy	Shari	Family Practice
	Hager	Dwight	Family Practice		Henke	Paul	OB & GYN
	Haug	William	Family Practice		Hunt	Kenneth	Family Practice
	Hinshaw	James	OB & GYN		Jenrich	Marianne	OB & GYN
	Hugelen	Julie	Family Practice		Karmaker	Nivedita	Pediatrics
	James	Thomas	Family Practice		Kautzman	Jessie	Family Practice
	Johnson	David	Internal Medicine		Kenny	Lisa	Family Practice
	Johnson	Jeffrey	Internal Medicine		Kronenberger	Brett	Internal Medicine
	Johnson	Vernon	Family Practice		Kumar	Rakesh	Internal Medicine
	Jozwiak	Mary	Internal Medicine		Leavns	Dayna	Family Practice
	Kadri	Abdulmajeed	Internal Medicine		LeFever	Michael	Family Practice
	Kadri	Kathie	Internal Medicine		McGree	Patrick	Family Practice
	Kent	Thomas	OB & GYN		Mulcaire-Jones	George	Family Practice
	Kirkland	Brenda	Family Practice		Munro	Leslie	Geriatrics
	Kummer	Marian	Pediatrics		O'Brien	Al	Family Practice
	Langohr	Janis	Pediatrics		Popovich	Keith	Internal Medicine
	Malloy	John	Family Practice		Pullman	John	Internal Medicine
	Malters	Edward	Internal Medicine		Robison	Jill	Pediatrics
	McClave	Charles	Internal Medicine		Russell	Kathy	Family Practice
	Mehia	Denise	Internal Medicine		Sager	Wayne	Pediatrics
	Metzger	Michael	Internal Medicine		Salisbury	Dennis	Family Practice
	Michels	Frank	Family Practice		Salisbury	Jessie	Pediatrics
	Molloy	Daniel	OB & GYN		Sessions	Lisa	Family Practice
	Moore	Douglas	Family Practice		Sewell	Jeffrey	Pediatrics
	Mulvehill	Sharon	Family Practice		Shepherd	Susan	Pediatrics
	Neuhoff	Douglas	OB & GYN		Siddoway	Paul	Internal Medicine
	Nichols	Robert	Family Practice		Sironi	Rindo	OB & GYN
	Nicholson	Laura	Pediatrics		Stager	Valli	Family Practice
	Page	Crystal	Internal Medicine		Taverna	Jacob	Internal Medicine
	Petersen	Susan	Family Practice		Thuesen	Vicki	Family Practice
	Plummer	L. Eugene	Family Practice		Webb	B. Kirwan	Internal Medicine
	Ragar	Todd	Family Practice		Wilson	Judy	Internal Medicine
	Roane	Douglas	Internal Medicine				

## PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	
<b>Deer Lodge</b>	Bailey	Barb	Family	Practice
	Corbin	Michelle	Family	Practice
	Martin	Wayne	Family	Practice
	Oser	J. Barry	Family	Practice
<b>Forsyth</b>	Anderson	William	Family	Practice
	Whitehead	Douglas	Family	Practice
<b>Hardin</b>	Billin	Aaron	Family	Practice
	Campbell	Bruce	Family	Practice
	Greimann	Carolyn	Family	Practice
	Ostahowski	Gary	Family	Practice
	Ralicke	Eileen	Family	Practice
	Smith	Angela	Family	Practice
	Troyer	Lin	Family	Practice
<b>Worden</b>	Hart	Nadine	Family	Practice
	Stanley	Merrill	Family	Practice

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# MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

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## STATE CONTRIBUTION FOR 2007

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ACTIVE EMPLOYEES/LEGISLATORS \$557.00 (a)

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## CORE BENEFITS

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MEDICAL PLAN (See rates on page 6) Traditional: \$ \_\_\_\_\_ (b)  
Blue Choice: \$ \_\_\_\_\_ (b)  
New West: \$ \_\_\_\_\_ (b)  
Peak Health: \$ \_\_\_\_\_ (b)

DENTAL PLAN (See rates on page 15) \$ \_\_\_\_\_ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 19) \$ 1.76 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ \_\_\_\_\_ (e)

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## OPTIONAL BENEFITS

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LIFE INSURANCE (See rates on page 19) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ \_\_\_\_\_ (g)  
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (h)  
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (i)  
Accidental Death & Dismemberment (\$.02 or \$.030 (with dependents) x every \$1,000 of coverage) \$ \_\_\_\_\_ (j)

LONG-TERM CARE INSURANCE (See rates on pages 22-23) \$ \_\_\_\_\_ (k)

VISION SERVICE PLAN (See rates on page 16) \$ \_\_\_\_\_ (l)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k and l = \$ \_\_\_\_\_ (m)

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## TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS

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CORE BENEFITS Enter amount from line e \$ \_\_\_\_\_ (p)  
OPTIONAL BENEFITS Enter amount from line m \$ \_\_\_\_\_ (q)  
TOTAL BENEFITS Add lines p and q \$ \_\_\_\_\_ (r)  
STATE CONTRIBUTION Enter amount from line a \$ \_\_\_\_\_ (s)  
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2007 BENEFITS Subtract line s from r \$ \_\_\_\_\_